

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Rural Hospital Futures in Colorado - Rapid Review and Environmental Scan for Policy Opportunities

Priority 1 (Research Category)

Economic or policy analysis

Presenters

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Abstract

Context. Since 2005, over 180 rural hospitals have closed across the United States and 800 rural hospitals remain at high risk of closure. Nearly four million rural Americans lost a hospital in their county between 2005 and 2021. Critical Access Hospital legislation in the 1990's supported rural hospitals but is no longer sufficient to prevent hospital closure. Colorado's rural and frontier hospitals face substantial challenges: financial viability, adequate workforce, and geographically isolated populations with lower socioeconomic status and high rates of chronic disease. Objective. Identify facilitators and barriers of hospital stability to inform potential policy opportunities in rural Colorado. Study Design. Rapid Review and Environmental Scan. Peer-reviewed and non-peer reviewed literature review, Colorado news and media outlets, organizational internet review, and expert opinion. Setting. Rural hospitals with particular attention to Colorado. Outcome Measures. Rubrics and themes with potential policy implications in Colorado. Results. PubMed search resulted in over 500 articles published in the past 10 years, of which 120 offered relevant information, resulting in an annotated bibliography of 45 articles and pertinent organizational reports. Media outlets offered narrative examples confirming the peer-reviewed literature. Emerging policy rubrics included: administrative and contracting elements of financial success, breadth of clinical services provided, workforce including prescribing clinicians, nursing, ancillary, and administrative staff, and the impact of the local community economy. Several potential policy opportunities relate to networking between rural hospitals, partnership with urban hospitals, workforce training and incentives, marketing local services, identifying non-clinical revenue opportunities, maximizing private and public payer contracts, and potential rural hospital subsidies or other direct financial support. Finally, a review of rural organizations identified potential policy supporters from other non-rural healthcare organizations as well as other rural economic sectors including agriculture, education, and philanthropy. Conclusions. Using a Rapid Review process, a

comprehensive analysis of rural hospital success and failure identified potential policy opportunities, healthcare, and other potential policy partners.

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